NO. OF COPIES RECEIVED

DISTRIBUTION
SANTA FE
FILE
U.S.G.S.
LAND OFFICE
TRANSPORTER OIL / GAS
OPERATOR
PRORATION OFFICE

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator
Continental Oil Company

Address
P. O. Box 460, Hobbs, New Mexico

Reason(s) for filing (Check proper box) — Other (Please explain)

New Well: X
Recompletion:
Change in Ownership:
Change in Transporter of: Oil: Dry Gas: Casinghead Gas: Condensate:

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease
Lynn B-1	12	Langlie Mattix	Federal (State, Federal or Fee)

Location
Unit Letter G, 1980 Feet From The North Line and 1980 Feet From The East

Line of Section 26, Township 23S, Range 36E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil or Condensate	Address (Give address to which approved copy of this form is to be sent)
Texas New Mexico Pipeline Co.	P.O. Box 1510, Midland, Texas
Name of Authorized Transporter of Casinghead Gas X or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Phillips Petroleum Co.	9th Floor Phillips Bldg, Odessa, Texas

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	C	26	23	36	Yes	3-6-65

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
	X		X					

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-18-65	3-6-65	3675 Dolo & Lm	-

Pool	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Langlie Mattix	Queen	3500	3570

Perforations: 3504,3532,3543, 3548,3559,3564,3574,3582,3595,3619,3627, & 3641 W/ JSPF
Depth Casing Shoe: 4 1/2" @ 3675

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
9 7/8"	7 5/8"	312	275 sx class A cmt
6 3/4"	4 1/2"	3675	200 sx class C cmt
	2" tbg.	3570	

V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
3-6-65	3-6-65	Flow

Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 hours	40	620	32/64"

Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
191 bbls	191	0	52.4

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate

Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

SIGNED: ROBERT CAULT III
(Signature)
Staff Supervisor
(Title)
3-9-65
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____
BY _____
TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of operator, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

cc: 3000-5, SLO, PAN AM HOBBS-3, ATL ROS 2, CAL MID-2